

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Mar 31, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000111170

1. Entity Name  
ETERNAL REST MEMORY PARK INC.



Principal Place of Business  
2966 BELCHER ROAD  
DUNEDIN, FL 34698

Mailing Address  
2510 SUNSET POINT ROAD  
CLEARWATER, FL 33765



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3757183

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCALISI, CHARLES  
2510 SUNSET POINT RD  
CLEARWATER, FL 33765

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCALISI, CHARLES  
STREET ADDRESS 2510 SUNSET POINT RD  
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VP  
NAME SCALISI, TRACEY  
STREET ADDRESS 2510 SUNSET POINT RD  
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000282476  
03/31/05-80043-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES SCALISI 3-28-05 727-799-3898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #